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Clinical Section

Failed Forceps

By

O. BJORNSON, M.D., C.M. (Man.)

Professor Emeritus in Obstetrics

University of Manitoba

Honourary Consultant

Winnipeg General Hospital

In cases of protracted labor, the attending physician after hours of waiting, sometimes in desperation decides to apply forceps, in the hope of affecting delivery thereby. Having applied the blades, he gives a trial pull, and finds to his consternation that the head does not advance, but remains persistently above the inlet. He gives another pull, and another, but each pull only emphasizes that feeling of what has aptly been called "stony immobility." His consternation increases, and he wonders what the trouble is. Then it dawns upon him that the baby's head is too large to pass through the inlet, and that someone has blundered. Many young doctors have fallen into this error, just as most of us have at some time in the first decade of life, tried to slide downstairs on a board.

There is, however, another condition similar to this which has led astray even the more experienced among us. In some cases of neglected labor under the influence of strong pains the head is driven *into* the inlet, but not *through* it. That is, the head is forced partly into the inlet, somewhat like a cork into a bottle-neck. The heedless or non-observant attendant at once jumps to the conclusion that the head is engaged, and immediately (often with much difficulty) applies forceps, only to meet with that same stony immobility on making traction. This error could have been avoided if he had made firm upward pressure on the head. If it remained fixed, he would be justified in taking for granted that the head was engaged. If, on the other hand, the head was easily disengaged, the presumption would be that true engagement had not taken place. Under the circumstances, what can this hapless attendant do now? To keep on pulling is both stupid and futile, and only makes a bad situation worse. Shall a Cæsarian be done? It is now generally accepted by the profession that a Cæsarian after an ineffectual attempt with forceps is not a happy solution. In addition, the scene of this tragedy is usually laid in some remote rural district, far from a hospital and skilled surgical aid.

A number of years ago, it was advocated when the head did not engage, to do a version and deliver as a breech. Such reasoning is rather hard to understand, namely, that a head which will not pass the inlet vertex first, will do so vertex last. Similarly, a key which will not open a door from the inside, will not do so from the outside. In a

limited number of cases, this manœuvre does actually succeed, but when it does not, the second state of affairs is decidedly worse than the first; for now we have the head impacted above the inlet, the shoulders in the vagina, and labor at a standstill. The only recourse now is to attempt delivery by forceps. To apply high forceps to an after-coming head will tax the skill of even the most expert practitioner.

Traction is made with the forceps while an assistant pulls on the child's legs. With firm steady traction, the head may be pulled through, and all end favorably. If, on the other hand, it cannot, one is exactly where he was in the beginning. The only expedient now is to perforate the head. When one bears in mind that the occipital bone is the thickest and firmest bone of the skull, and that the general practitioner does not own or carry with him a set of perforators, it is evident that, armed with only the family scissors or butcher knife, this is no inconsiderable task either. This procedure—that is, version in the case of a head that does not engage—is not to be recommended, and deserves only condemnation.

Let us now return to the luckless attendant who applied forceps, and was unable to deliver. To keep on pulling is useless, a Cæsarian is out of the question, and he has in fact reached a blind alley. What is he to do? The only recourse left to him is to perform a craniotomy. He listens for the heart sounds, and they are still beating. A craniotomy on a living baby seems a rather gruesome thing, but this baby, though theoretically alive, is potentially dead. For were sufficient force used to pull the head through the inlet, the cranial injuries would almost certainly cause its death. And worse still were it to survive, there looms the spectre of life-long paralysis or mental deficiency. Nor does the mother escape unscathed. Such violent methods of delivery are almost certain to leave in their wake permanent injuries which may doom her to a life of semi-invalidism.

How can the general practitioner guard himself against becoming a factor in this tragedy? Only by a scrupulous and painstaking prenatal examination of every mother-to-be that engages him for her confinement. First come complete and accurate pelvic measurements followed by observation of presentation and position of the fetus, its estimated size and the relation of the head to the inlet, and whether the head is engaged or not. There are two types of case that require close watching—the primipara and the multipara approaching middle age. The former may have some abnormalities or impediments that do not reveal themselves until labor sets in. Hence, in the case of a primipara, when the head does not engage, but remains persistently above the inlet, it should suggest the possibility of a disproportion.

tion being present. In the case of a multipara nearing the end of the child-bearing age, the same situation may arise because the child is larger. Quite frequently, children of the late pregnancies have a tendency to be larger than those of the early ones. Therefore it may come about that a parturient whose pelvis allows the passage of, for example, an eight and a half pound baby, will begin to have trouble when her baby weighs ten pounds or over. This propensity is often overlooked, and it no doubt accounts for many cases of still-birth in women who have borne perhaps six or eight children without difficulty.

When a lone practitioner in an outlying district has under his care a case of pregnancy in whom he finds, after repeated examination, that the head remains above the inlet, he should try by persistent attempts with supra-pubic pressure to push it into the inlet. If this fails, it means that almost certainly a disproportion exists between the two, and that a difficult labor may be expected. He should then unhesitatingly advise his patient to place herself within reach of skilled surgical assistance and adequate hospital facilities. This may entail some pecuniary loss for the doctor, but in obstetrics as elsewhere, the maxim "safety first" must be kept in mind. In the event of a Cæsarian being necessary, he will be given due credit for his sagacity and foresight. If, on the other hand, labor takes place normally, his patient and her people will feel grateful to him for having considered her welfare in preference to his own, and he may almost certainly count on their being part of his clientele from that time on.

Health of the City of Winnipeg

From the Report of the Health Department, City of Winnipeg, for 1934 many interesting facts emerge, and important conclusions can be drawn. After reading it one is impressed with the value of preventive medicine. Thus in 1912 there were 1,006 infant deaths, a rate of 206.6 per 1000 live births, while in 1934 there were only 174 infant deaths, the rate sinking to 46.4. Since 1916 deaths from tuberculosis, bronchitis and pneumonia have been reduced by more than one half, and puerperal deaths by almost two-thirds, but, on the other hand, deaths from cancer have doubled since 1916, and heart disease has accounted for more than twice as many deaths as in 1916. In 1904 the typhoid death rate was 248.3 per 100,000 population, while in 1934 it was 0.9, a real triumph of preventive medicine! Another triumph is that for the last three consecutive years not a single case of smallpox was recorded. With regard to diphtheria the apathy of parents in not demanding immunization of their children is deplored. There is no question as to the value of immunization against diphtheria. Thus of 10 deaths from that disease in the last year only one occurred in an immunized child.

In 1934 there were 3,749 live births, less by over a thousand than the births in 1912. The largest

number of births in the city occurred in 1920 when there were 6,174, and since that year there has been a steady decline. Live children born to Winnipeg parents in 1934 numbered 2,935, and of these 1,239 or 42.2% were first children. Physicians attended at birth 99.4% of cases in 1934, as against 80.2% of cases in 1918, and midwives attended in only 0.6 per cent., as against 19.8% in 1918. Ninety-one per cent. of births registered in Winnipeg last year occurred in hospitals. Deaths from puerperal causes totalled 17, but five were of non-residents. The death rate for Winnipeg mothers per 1000 live births was 4.4 in 1934.

Marriages were 2,481 in 1934 and deaths, excluding stillbirths, 1,473, giving a corrected rate per 1,000 population of 6.66. Stillbirths numbered 114.

The housing situation is reported as becoming more acute. At present there is little or no accommodation for the working man at rents of \$10 to \$20 per month. If and when money is available it is recommended that owners of vacant houses should be given the opportunity of repairing, remodelling or reconditioning them and that a suitable housing scheme providing small houses on city-owned property where sewer and water mains already exist at low rental and with the privilege of purchase.

The activities of the Health Department are numerous. Inspections of all kinds and of many places are made. The sum of \$277.65 was expended last year for rat tails at a rate of five cents per tail. The exhibition held at River Park caused much extra work on the part of health inspectors. Poverty causes overcrowding and the use of unsuitable apartments. One family was found living in a woodshed.

Perusal of the report leads one to think that much thought and care are given to preserve the health of Winnipeg citizens and that there are worse spots on the surface of this globe than Winnipeg in which to live. —R. B. M.

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Retiring President's Address

Address of the Retiring President, W. G. Rogers, R.M. (Man.). Delivered at the annual meeting of the Manitoba Medical Association, Winnipeg, September 12, 1935.

Many interesting subjects have been dealt with in presidential addresses during the past. I am taking as my subject the Manitoba Medical Association. The welfare of our Association is very close to my heart and I know of no other organization or institution affecting the medical profession of Manitoba, which, at the present time, deserves more thought or consideration than our Association.

Medical associations have many functions to perform. Whether they perform them as they should or otherwise wholly depends on the members of the association. What are some of these functions which they should and do perform? They should render indispensable service to the individual doctor, to the medical profession as a whole, and to the general community.

They can help the individual doctor in many ways, such as acting as a kind of informal post-graduate school, help him in his diagnosis and

treatment by clinical papers and discussions, bulletins and journals, and can give him a sense of comradeship. A doctor needs to meet his fellows and feel the assurance and strength of membership in a highly esteemed fraternity. Medical associations tend to prevent difficulties in relations with other medical men and to clear them up amicably when they do occur. They help doctors to work in a small community with material helpfulness, agreement and friendship.

An association does much for the profession as a whole, can give unity and action, and stand for the rights of the profession. A medical association can do harm, and not good, if it should have even the appearance of a labor union bargaining for advantage. It may have to come into opposition with existing community ideas, or lack of ideas, but it must never meet spite with spite, selfishness with selfishness, smallness with smallness, bitterness with bitterness. There is never a time when the fine ensign of medical ideals cannot be kept floating mast high. No question is settled until it is settled right and no one ought to ask any advantage that is not fair and right. The utmost we can do to help the community to better health and keep it there is no more than our plain duty. Medical men, singly or collectively, will not go very far astray, and will not often miss the reward of work well done, if every way-faring man can see that medical men cherish the highest ideals of the profession. Our greatest asset, often our greatest economic asset, is in our fine history and high ideals. Idealism is the best policy, as honesty is, but we cannot be truly either idealistic or honest as a matter of policy.

In the matter of the community at large, the medical profession is looked to for counsel about sickness in general. The greatest trust between our profession and our public is the trust of giving this counsel—counsel about prevention, counsel about diagnosis and cure, and prognosis. It is our high trust to give to individual and nation the very utmost available in our day. I may ask what other means we have, or machinery set up, to meet the demands of the public for an adequate medical service, and at the same time protect the interests of the profession collectively, other than our own Manitoba Medical Association.

Our Association was launched in the year 1908. In retrospect we can look back over the years and, in a degree, make an estimate of our accomplishments, those which have been of benefit to the public as well as to the members of the profession. It has been our custom to hold a three-day annual meeting at the end of each year's work. To prepare for this, and also look after all questions of interest to our members, the executive set up at the annual meetings provides a splendid scientific program in which members of the profession in our province, as well as others

from different provinces, present papers. These papers are given by men who speak with authority on the subjects which they know best. Besides the scientific part of the meeting, ample time is set apart for social and sporting events.

Affiliated local medical societies corresponding to our judicial districts were also set up. Speakers are provided by our Association when required to assist at these district society meetings. In this way there is a linking up of the whole province with the Manitoba Medical Association.

Through our affiliation with the Canadian Medical Association our members have been enabled to hear leading medical men from the whole of the Dominion of Canada speak on the subjects which they know best. Thus we have had another means of gaining knowledge and inspiration.

Because we had a Medical Society we were enabled to extend an invitation which was accepted by the British Medical Association, foremost association in the world, to hold their ninety-eighth annual meeting in our province. Not one who was privileged to attend that convention will forget its great success. We, an inland province, were enabled to listen to, and meet personally, many of the distinguished medical men of the British Medical Association.

One of our past Presidents, Doctor W. Harvey Smith, who bore a great deal of the responsibility of bringing this meeting to such a satisfactory culmination, was appointed President of the British Medical Association for the years 1930-1931.

As time went on many problems affecting the profession developed. The Workmen's Compensation Act was set up by our Provincial Government. A great deal of adjustment was necessary in order to ensure the smooth working of this Act, and our Association did valuable work in safe-guarding the interests of the Medical practitioners of this province. Municipal doctors, public health officers, coroner's fees, provincial relationships, relations between the College of Physicians and Surgeons, unlicensed practitioners, irregulars, etc., have all been dealt with effectively by our Association.

We have also the Manitoba Medical Association Review, published by the Association monthly. It records the minutes of the executive meetings of our Association, the minutes of the meetings of the College of Physicians and Surgeons, scientific articles by leading members of the profession, news of our University, hospitals, and many other articles of interest to members of our profession. The Review is sent to every member of the profession in Manitoba whether a member or not of the Association.

The Committee on Sociology was created in 1934 and is now one of the permanent standing committees of the Manitoba Medical Association. Doctor Moorhead ably fills the position of Chairman of this Committee.

The Cancer Relief and Research Institute has been an activity of our Association. Much time, thought and energy has been expended on this most worthy activity.

I have only touched on a few of the efforts and accomplishments of the Association. It has had its problems and they have been faced and solved, in most instances, in a satisfactory manner. But what of the future? There is a vast difference between the past problems and those which will be met in the very near future. The whole structure of our social, economic and political life, including medical practice, has been cracked up and thrown into the crucible in the hope that something much better and more eminently useful will emerge in due time. Nobody knows just what the result will be. What does the future hold for medical men? Is the practice of medicine to be regimented? If so, who is going to direct the regimentation?

Nearly all business which has to do with the existence and well-being of the people is now under some sort of control, usually governmental—i.e., the so-called public utilities, water supplies, sewage disposal, electrical energy, railways, street car service, milk, price spread commissions, hospitals. Certain definite fields of medical practice are now under governmental or other control, i.e., hazards of industry (Workmen's Compensation Board), mental diseases, venereal diseases, tuberculosis, infectious diseases.

If, and when, the other branches of medical science become more or less a public utility, who is going to take control, the Government or the medical profession? Who should be in the best position to decide what the people require in medical attention and how this should be supplied? Only the medical profession have the required knowledge to set up a system and control it. So the Manitoba Medical Association, as representing organized medicine, should have a complete picture of the whole problem and have a satisfactory plan for its solution, otherwise medical practice will become the plaything of practical politicians and everyone should know what this will mean.

The Manitoba Medical Association stands for organized medicine in this country. It is the one piece of common ground where we get together and face our present and future problems collectively. Our Association should be to the profession what the central power plant is to the city. It should send out currents of enthusiasm, fellowship, knowledge, harmony, the desire to get together and fight together for the common good. How are the members of the profession going to benefit by these currents unless they make contact with them? It is a regrettable fact that only sixty per cent. of our doctors are members of the Association. This is hard to understand. It is not an expensive Association to belong to. The annual fee of \$10.00 is not exorbitant. One of our wives giving a dinner to a few friends would exceed that expenditure.

The time has come when practically all medical men who have the interests of their profession at heart must join up with the Association. Their unanimous support, good-will, and the benefits of their advice and counsel are needed now as never before. If the practice of medicine is to be a fit occupation for our sons, and a means of fair competence and a contented existence for medical men, and the health of the people adequately and efficiently safeguarded, we must get together and work together intelligently in a guided and not in a haphazard way.

Minutes of Executive Meeting

MINUTES of a meeting of the Executive of the Manitoba Medical Association held in the Fort Garry Hotel on Tuesday, September 10th, 1935, at 6.30 o'clock.

The Executive on this occasion were the guests of the resident.

Those present were:

Dr. F. G. McGuinness	Dr. F. D. McKenty
Dr. J. S. McInnes	Dr. W. G. Campbell
Dr. C. W. Wiebe	Dr. W. E. Campbell
Dr. F. A. Benner	Dr. G. W. Rogers
Dr. Moorhead	Dr. F. W. Jackson
Dr. G. S. Fahrni	Dr. Ross Mitchell

Guests included:

The Hon. I. B. Griffith, Minister of Health and Public Welfare; His Worship Mayor John Queen; Dr. P. H. T. Thorlakson, Chairman of the Post-Graduate Committee of the University of Manitoba; Dr. Lennox G. Bell, Secretary of the Post-Graduate Committee of the University of Manitoba; Dr. E. W. Montgomery, Dr. J. D. Adamson and Dr. Wall.

Following short addresses from the invited guests, they were allowed to retire and the Executive commenced business at 9.30 p.m.

Moved by Dr. F. G. McGuinness, seconded by Dr. C. W. Wiebe: That the minutes of the last executive meeting be taken as read. —Carried.

Secretary's Report.

The report of the Secretary was then given, and it was moved by Dr. F. W. Jackson, seconded by Dr. W. G. Campbell: That the Secretary's report be received. —Carried.

Reports of Standing Committees.

The reports of Standing Committees were given consideration, all members having had copies previous to the opening of the meeting.

Dr. F. G. McGuinness suggested that certain parts of the Treasurer's report should be discussed, and a general discussion on the report took place, particularly in reference to the reduction in membership of the Association.

Dr. J. S. McInnes was of the opinion that the membership could be greatly improved if each member of the executive would canvass personally, five or six members of the profession, pointing out why they should join.

The Secretary pointed out that in his opinion the present date for holding the annual meeting was not a satisfactory one, particularly from a rural standpoint, in view of the fact that at this time of the year most rural practitioners, if they wish to collect

any accounts, have to stay at home. The Secretary suggested that probably the latter part of May or early in June would be an advantageous time to hold the annual meeting.

Dr. W. G. Campbell, speaking to the subject, suggested that the week of convocation might be a good time in view of the fact that a great many of the medical profession have friends or relatives who would be interested in this ceremony and also there would be considerable entertaining going on which would be an added attraction.

Dr. McKenty suggested that if the College of Physicians and Surgeons would collect a joint fee, the association's difficulties would be solved.

Dr. W. E. Campbell was of the opinion that the Association, if it was to be what it should, should be responsible for the whole programme at their annual meeting, rather than have it connected with the Post-Graduate Course of the Faculty of Medicine, and he stated in his opinion there should be greater consideration given to social functions, or in other words, members coming in with their wives to attend the meeting should have more entertainment provided for them.

Dr. Ross Mitchell agreed with Dr. Campbell that convocation week might be a very suitable time, and that at this time it would be worth while to invite recent graduates or new graduates to the meeting in order that they might, immediately on graduation, become acquainted with the work of our Association.

It was suggested that a resolution might be prepared in this connection, but before this was done, it was moved by Dr. F. G. McGuinness, seconded by Dr. J. S. McInnes: That the Treasurer's report be adopted. —Carried.

Moved by Dr. F. D. McKenty, seconded by Dr. G. S. Fahrni: That the reports of the other standing committees be received and approved. —Carried.

Change in Date of Annual Meeting.

Moved by Dr. F. A. Benner, seconded by Dr. F. D. McKenty: That we should suggest to the Resolutions Committee that they prepare a resolution in reference to changing the date of the Annual Meeting, pointing out the advantages of the week of convocation, and that this resolution suggest the matter should be considered at an early date by the incoming executive. —Carried.

Rural Practitioners' Accounts

The President brought up the question of discrimination against medical men under the new Farmer's Creditor Arrangement Act, a Federal Statute, which was passed at a recent session of the Federal Parliament. He pointed out that under this act unsecured creditors, i.e., creditors without lien or chattel on property, were completely wiped out insofar as being able to obtain payment for accounts from farmers who took advantage of the provisions of this act.

It was moved by Dr. F. A. Benner, seconded by Dr. C. W. Wiebe: That the Resolutions Committee be asked to prepare a resolution for transmission to the Canadian Medical Association, asking that this matter be taken up by them with the Federal Department to see what could be done to rectify this condition. —Carried.

Hutchison Medal.

A letter was read from the Dean of the Faculty of Medicine in reference to the Hutchison Medal, and it was moved by Dr. G. S. Fahrni, seconded by Dr. Ross Mitchell: That this Association take on the financial responsibility of supplying this medal for the Faculty of Medicine. —Carried Unanimously.

Business Tax.

A letter was also read from the City of Winnipeg Board of Valuation and Tax Revision in reference to business tax on the Association, and it was moved by Dr. G. S. Fahrni, seconded by Dr. E. S. Moorhead: That Drs. McKenty and Jackson, together with Mr. Hewitt, appear before the Board of Valuation and Revision on September 16th, in order to protest against the Association being taxed. —Carried.

Resolutions Committee.

The President then appointed the following members to act as a Resolutions Committee:

Dr. F. D. McKenty, Chairman
Dr. J. S. McInnes
Dr. F. A. Benner
Dr. W. G. Campbell.

Nominating Committee.

Nominating Committee was appointed as follows:

Dr. G. S. Fahrni, Chairman
Dr. W. E. Campbell
Dr. Ross Mitchell
Dr. E. S. Moorhead.

Canadian Medical Association.

Dr. Moorhead then brought up two questions which had been referred to him by the Canadian Medical Association as our member on the C.M.A. Executive. The first of these was in reference to a change of the Annual Meeting in British Columbia. Dr. Moorhead had written to Dr. Routley suggesting that this meeting should not be changed unless on the suggestion of the local members of the Program Committee.

Moved by Dr. F. G. McGuinness, seconded by Dr. F. A. Benner: That we approve the action taken by Dr. Moorhead. —Carried.

Dr. Moorhead then reported on a letter he had received from Dr. Young, Chairman of the Executive Committee, in which Dr. Young had wished to find out what would be the opinion of the M.M.A. in reference to the C.M.A. placing before the men now nominated for the Federal House, the stand of the medical profession in reference to health.

There was considerable discussion on this matter, and it was the consensus of opinion that medicine, as a group, should not enter into the political arena at this time, but should wait until the Government has been formed and then, if necessary, place before the Government the views of the profession in respect to health.

* As Dr. Moorhead had expressed this opinion in his reply to Dr. Young, it was moved by Dr. Mitchell, seconded by Dr. J. S. McInnes: That we approve Dr. Moorhead's action. —Carried.

Vote of Thanks.

Dr. J. D. Adamson, who had been sitting as a listener to the proceedings of the executive, asked permission to propose a vote of thanks to the President for his very delightful dinner, which he did, in his usual good form.

THE TRUE ECONOMY OF DEXTRI-MALTOSE

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.—Advt.

Annual Meeting

MINUTES of the Annual Meeting of the Manitoba Medical Association, held in the Fort Garry Hotel, Winnipeg, on Thursday, September 12th, 1935, at 12.30 noon.

The President, Dr. G. W. Rogers, was in the chair. Attendance at meeting — 105 members.

Officers and guests at the head table were as follows: The Hon. Mr. I. B. Griffith, Winnipeg; Dr. T. C. Routley, Toronto; Dr. J. C. Meakins, Montreal; Dr. W. V. Cone, Montreal; Dr. H. H. Christie, Esterhazy; Dr. J. C. Gillie, Fort William; Dr. R. I. Harris, Toronto; Dr. P. H. T. Thorlakson, Winnipeg; Dr. F. D. McKenty, Winnipeg.

Following luncheon, the meeting was called to order by the President, and the Secretary was requested to read the minutes of the last Annual Meeting, held at the Royal Alexandra Hotel, Winnipeg, on September 11th, 1934.

It was moved by Dr. F. A. Benner, seconded by Dr. H. M. Speechly: That the reading of these minutes be dispensed with, having been duly printed in the Review, and that they be approved. —Carried.

Report of Nominating Committee

Dr. G. S. Fahrni, Chairman of the Nominating Committee, submitted the following names for the election of officers for the ensuing year:

President - - -	{ Dr. F. G. McGuinness Dr. F. A. Benner
First Vice-Pres. -	{ Dr. W. S. Peters Dr. H. S. Sharpe
Second Vice-Pres. -	{ Dr. E. A. Jones Dr. D. C. Aikenhead
Secretary - - -	Dr. F. W. Jackson
Treasurer - - -	Dr. S. G. Herbert
Rural Municipal Members at Large -	{ Dr. Geo. Clingan Dr. J. L. Lamont
Winnipeg Members at Large - -	{ Dr. A. S. Kobrinsky Dr. S. Rodin
Auditors—2 to be Elected - - -	{ Dr. Wm. Creighton Dr. A. M. Goodwin Dr. N. L. Elvin Dr. H. E. Popham

The President appointed Drs. H. O. McDiarmid and H. M. Speechly to act as scrutineers. Ballots were passed and the scrutineers retired to check same and submit report.

Report of Resolutions Committee

Dr. F. D. McKenty, Chairman of this Committee, read the following resolutions, to be ratified by the meeting.

1. WHEREAS the administration of the Farmers' Creditor Arrangement Act cancels all unsecured medical accounts, and

WHEREAS such policy is a serious hardship to medical practitioners, especially in rural areas, and

WHEREAS such interpretation of the Act places medical practitioners in the dilemma of either risking the loss of fair return for their work or of demanding security in advance for all medical services, and

WHEREAS such action would be not only condemned by public opinion but prejudicial to the welfare of the sick and contrary to the tradition of the medical profession.

THEREFORE BE IT RESOLVED that the Manitoba Medical Association protest that the present interpretation of this Act . . . imposes an unfair burden upon the medical profession, and request that medical accounts be judged as secured accounts to at least a portion of the total amount, and

IT FURTHER BE RESOLVED that a copy of this resolution be sent to the Canadian Medical Association with a request that they take this matter up with the proper Department of the Federal Government at Ottawa.

Moved by Dr. F. D. McKenty, seconded by Dr. J. S. McInnes: That this resolution be adopted. —Carried.

2. RESOLVED that the Annual Meeting of the Manitoba Medical Association shall be held in the Spring at a time coinciding with Convocation, and this period would favor full attendance at clinical and social programmes, and

THAT the Executive be instructed to undertake arrangements for this meeting at an early date.

Moved by Dr. J. A. Gunn, seconded by Dr. W. W. Musgrove: That this resolution be adopted and left in the hands of the incoming Executive. —Carried.

Address of Dr. T. C. Routley.

The President then called on Dr. T. C. Routley, General Secretary of the Canadian Medical Association, to address the meeting.

Dr. Routley spoke in connection with new amendments to the Constitution and By-Laws of the Canadian Medical Association, which were printed in the September issue of the Canadian Medical Association Journal to provide for a federation of all the present Provincial Associations in one great national organization. In the event of this our present organization would change its name to the "Canadian Medical Association, Manitoba Division", and as such would enjoy all the special privileges now pertaining to the Canadian Medical Association. Dr. Routley reviewed meetings which he had held in the other Provinces throughout the Dominion and advised the action they had taken, most of them heartily approved of a federation of the various Provinces. Dr. Routley stated that suggestions for this had arisen in this Province at a previous executive meeting. He further stated that if this was done, it would be possible to have the one fee include both the present Provincial and Dominion dues. He stated that if acceptable he could assure us that the present dues paid to the Canadian Medical Association could be reduced to \$8.00.

Following Dr. Routley's remarks, Dr. F. D. McKenty addressed the meeting and stated that this matter was of grave concern to the Province and it should be given very careful consideration before federation was entered into, and set out various reasons why this might not prove advisable. Centralization is not of itself necessarily an advantage, it is so only if centralized administration can be shown to be more efficient than local, otherwise it may only hamper the action of local bodies in dealing with affairs of local concern. Dr. McKenty could conceive how large questions such as "public health" and "health insurance" could be better handled by a central organization, but was of the opinion that matters of purely provincial concern could be dealt with better by provincial Associations. He suggested that if the resolution was made in such a way that federation embraced only such questions as would be of benefit to our local organization, he would support it all the way.

Dr. C. W. MacCharles then spoke and stated that last winter the Manitoba Medical Association Executive had in response to a request from the Executive of the Canadian Medical Association, considered the question of amendments to the Constitution of the

Canadian Medical Association. Dr. MacCharles advised that this was considered at a meeting of the Executive of the Manitoba Medical Association and a memorandum was drawn up and forwarded to the Canadian Medical Association. This communication discussed the question of amalgamation and in some respects was critical of the present constitution of the Canadian Medical Association. It indicated the conditions under which federation might be acceptable to this provincial association. This memorandum should form the basis of discussion of the present suggestion. The mere change of the name of the Manitoba Medical Association might prove to be of no particular significance. Dr. MacCharles asked if the Secretary would read a copy of this memorandum.

The Secretary replied he did not have a copy in the minutes.

Dr. Routley explained he did not necessarily desire it to be passed at this meeting, but that it could be considered and investigated thoroughly throughout the coming year and be approved at the next Annual Meeting, and all he desired at present was the approval of the principle.

It was therefore moved by Dr. W. W. Musgrove, seconded by Dr. H. D. Kitchen: That this meeting of the Manitoba Medical Association approve of the principle of federation of all Provinces in respect to matters where federation would be desirable, and

THAT the incoming Executive of this Association be empowered to work out the details and report back to the next Annual Meeting, and

THAT a notice of motion be prepared, if found advisable, to amend the by-laws. —Carried.

The following reports of committees were received and adopted:

Report of Executive Committee

Your Executive Committee begs to report as follows for the year ending September 9th, 1935:—

There were held during the year four regular meetings of the full Executive, and five special meetings of the Winnipeg Members.

The first special meeting of the Executive was called for the purpose of considering a proposed plan for medical services for rural areas. This plan was being proposed and sponsored by the Department of Health and Public Welfare, and owing to the lack of necessary funds was not likely to be brought into operation. Dr. E. S. Moorhead, Chairman of the Committee on Sociology, was of the opinion that it would be very desirable to try and make arrangements to have such a plan brought into operation as a trial, in order that we might have some information as to how such a scheme would work. He suggested in view of the fact that the information being gathered would be of the utmost value to the medical profession, the medical profession might consider a contribution towards the operation of the scheme. Your Executive moved that the plan, as outlined, be passed on to The College of Physicians and Surgeons with our approval in order to ascertain as to whether or not The College of Physicians and Surgeons would consider a contribution towards such a scheme. This was done. But, up until the present time, the College of Physicians and Surgeons have not definitely committed themselves as to whether or not they would be prepared to contribute to such a plan.

The second special meeting of the Executive was held on February 12th, 1935, at the request of Dr. T. C. Routley, General Secretary of the Canadian Medical Association, and Dr. J. C. Gillie, President of the Ontario Medical Association. Many items of business were brought up at this meeting, most important of which was the consideration of a proposed Health Week, which was being sponsored by the Back-to-the-Land Assistance Association, and which was to

be held in April of this year. The general consensus of opinion at that time was the Association was not prepared to officially back such a proposition, and Dr. J. C. McMillan was requested to represent the Association at any future conference, and express our views on the proposal. Dr. Gillie spoke in reference to the joint meeting to be held at Fort William, and expected a good representation from Manitoba. Dr. Routley spoke in reference to the revision of the constitution of the Canadian Medical Association, and expressed the opinion that the Canadian Medical Association should be all inclusive, meaning the provincial associations should be branches of the parent organization.

The third special meeting of the Executive was held to discuss report submitted by Dr. W. Harvey Smith, on the last Executive Meeting of the Canadian Medical Association. This report was received with great interest by the members of the Executive present, and a motion was passed expressing to Dr. Smith the appreciation of the Executive for the trouble he had taken in preparing and submitting this report, and recommended that it be printed in The Review. Arising out of the report was the question of our future representation on the Executive, as Dr. Smith intimated he could not find it convenient to act for us for the coming year. In view of the fact that there seemed to be a considerable amount of discussion in the Profession on economics, and as Dr. Moorhead was the man chiefly concerned with this phase of medical activities, it was decided that he be approached and asked to allow his name to be put forward as a member of the Canadian Medical Association Executive. Your Secretary informed the meeting it was just possible that Dr. G. W. Rogers, President, would be at the Council meeting at Atlantic City in June. Unfortunately, however, Dr. Rogers was not able to attend and your Secretary represented your Association, both at the Executive Meeting of the Canadian Medical Association, in Dr. Smith's place, and also at the sessions of Council.

The fourth special meeting was held to discuss the advisability of communicating with the members of the Canadian Medical Council in the Western Provinces, with a view of having some concerted action in reference to the proposed constitution and by-laws of the Canadian Medical Association, and a resolution was passed instructing the representatives of the Manitoba Medical Association on the Council, to suggest to the Council of the Canadian Medical Association that any proposed changes in the constitution and by-laws should require the co-operation and consent of the provincial associations, and should first be submitted in detail to the provincial associations, before being finally approved. The representatives of Council were also instructed to get in touch with members of Council from the Western Provinces, to try and have concerted action taken in this direction.

The fifth and final meeting of the Executive was held in August, 1935, to consider revival of the proposed Back-to-the-Land Assistance Association to hold Health Exhibition in Winnipeg in the Fall. There was considerable discussion back and forth in this connection, and it was finally moved and carried that the Association co-operate with the Back-to-the-Land Assistance Association in putting on a Health Week, providing everything in connection therewith comes up to the requirements set out by the Manitoba Medical Association. Dr. A. L. Goodwin was appointed by the Executive as Convener of a Committee, with power to add, to carry on the necessary communications with the Back-to-the-Land Assistance Association, reporting back to your Executive from time to time as conditions indicated. Your Executive feel that the Association should also take space at the Exhibition and put on some demonstration which would be of public interest. We understand that other Associations, such as Registered Nurses, Dental and Pharmaceutical, are taking space.

Your Executive would urge every medical man in the Province to carefully read the reports of the

Standing Committees, especially the report of the Committee on Sociology. We feel that this new venture has been well worth while, not alone from the standpoint of its value to the individual doctor, but particularly from the fact that it is a real connecting link between the Medical Profession on the one hand and the Public and Governing Bodies on the other.

All of which is respectfully submitted.

G. W. ROGERS, President.
F. W. JACKSON, Secretary.

FINANCIAL REPORT

Statement of Revenue and Disbursements For Year Ending July 31st, 1935

Revenue:

By Fees Collected: Aug. 1, '34 to July 31, '35	\$1,685.00
168 Full Memberships at \$10.00 1 Half Membership at \$ 5.00	
By Interest on Bonds	225.00

Expenses:

To Bulletin Account:		
Net Cost to Date as per Statement Attached	\$ 53.56	
To Annual Convention:		
Cost	\$175.20	
Entertainment	718.88	
	\$894.08	
Less Exhibits	\$112.50	
Less Tickets Sold	555.58	
	\$668.08	
		226.00
To Bank Charges, Exchange, etc.		14.24
To General Expenses (tele- grams, wreaths, etc.)		52.99
To Honorarium to Dr. C. W. MacCharles, Editor		200.00
To Dr. F. W. Jackson, Salary		900.00
To Postage, Printing and Sta- tionery		258.62
To Rent		120.00
To Travelling Expenses		73.20
To Medical Business Bureau (Stenographer and Clerical Services)		667.50
	2,566.11	1,910.00
	1,910.00	
By Deficit of Expenses Over Revenue	\$ 656.11	

Statement of Assets and Liabilities as at July 31, 1935

Assets:

Cash on Hand	\$ 25.00
Balance in Bank of Montreal	52.05
Investments: Bonds at Cost	4,518.50
Province of Man. 1956 4½ %	2,000
Province of Man. 1947 4 %	1,500
Dominion of Can. 1943 5 %	500
Can. National Rlys. 1969 5 %	1,000
Accounts Owning by Advertis- ers (as per list attached)	653.45
Balance Owning on Advance to Business Manager	94.20
Extra Mural Expenses (charge- able to College of Physi- cians and Surgeons)	13.65

Liabilities:

Accounts Payable (as per list attached)	\$ 163.9
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Balance at Credit of Sociology Committee	\$16.07
(Being difference of amount paid over actual expenses). Statement attached.	

Surplus Account:

By Surplus at July 31, 1934	\$5,832.95	
Less Deficit for Year to Date	656.11	
		5,176.84
	\$5,356.85	\$5,356.85

We have audited the books and accounts of the Manitoba Medical Association, and find them to be correct as set out in the foregoing statement.

(Signed) DR. A. J. SWAN.
DR. D. C. AIKENHEAD.

Sociology Committee

The Medical Relief Plan of Greater Winnipeg has now been in operation for eighteen months, and we can reasonably ask ourselves has it proved of sufficient merit to justify its continuance. It must be studied from several points of view, and you will be interested primarily in the professional aspect.

The outstanding feature has been the welding of the profession into a body, where each individual has shown his willingness to submerge his personal benefit in favour of the interests of the medical group as a whole, and of the welfare of the community. It is a remarkable accomplishment and shows no evidence of that disintegration which so often follows the waning of group enthusiasm.

Secondly, the remuneration, while not adequate for the services provided must be looked at with an appreciation of the load which has been partly lifted from the doctors' shoulders and transferred to those of the taxpayer. In a period of seventeen months ending in July, 1935, the doctors of Greater Winnipeg have received a sum of about \$180,000—as far as I know the scale of remuneration is higher than that paid in any other community in Canada. It is certainly much higher than in Vancouver, and also greater than that in Ontario, if we are to judge by the preliminary figures issued soon after the initiation of the plan in the neighbouring province. Saskatchewan, which was first in the field, does not seem to have reached the stage of practical application of its plan.

Your Committee has furnished information on request to every province in Canada, with the exception of the Maritime Provinces, and to communities south of us as widespread as Los Angeles, Oklahoma, Texas and New York.

May I draw your attention to the fact that the Province of Manitoba now pays for the service of private practitioners who are called upon to treat inmates of Institutions, and also those who are wards of the Province in unorganized territories, or under the Rural Rehabilitation Plan. I think that there is little doubt that the province was influenced by the action of the Councils of the Greater Winnipeg areas in acknowledging responsibility for the care of their wards, and also from the observation that the doctors were providing a service at a cost which even in times of depression was very moderate.

The loyalty of the doctors in their undertaking and their professional standards, is shown by the absence of complaints from patients, and the lack of criticism from the press and public. That loyalty is shown further by their acceptance of rulings, regulations and decisions rendered by the Medical Advisory Board, or by agreement between the City authorities and your Committee.

The relations between your representatives and the Relief Committee of the City of Winnipeg, and officials of Winnipeg and the surrounding areas comprising Greater Winnipeg, are of the most cordial.

May I voice a regret, in which I am sure you will all share, at the tragic death of Alderman Andrews. I feel that I am right when I say that we have lost one of our best friends. Our relations with him for the first eighteen months were distinctly antagonistic, but if it could be called warfare, then it was straight, above board, and open, in which each side fought it out, without any attempt to gain underhand advantages. When a settlement was reached Bert Andrews threw himself wholeheartedly into making the movement a success, and many of his subsequent remarks showed that he felt that he was getting loyal co-operation from the whole profession.

Before turning to another subject, may I again express in public the invaluable services that each and every member of the Committee on Sociology has rendered to me personally, and to all of you. They are called upon frequently to devote their own valuable time to discussing questions of importance, and making momentous decisions. Their services are always available, and their rulings invariably without bias or prejudice. Some changes in the personnel have taken place, and more are likely to be made. This for two reasons. The majority of the members have served you without stint of time or labour for three years, and you cannot blame them for asking to be released. They have earned your profound gratitude and mine. Secondly, I think it is good policy to introduce young blood and new ideas. There is one absolute condition which applies to all members, new and old—they must not represent any group or section of the profession. They must be able to think and act solely for the welfare of the whole body.

Under the able guidance of our Secretary, I visited many places throughout the province during the last year. Addresses were given to large district municipal council meetings at Killarney, Dauphin and Winnipeg, to present the claims of rural practitioners to fair treatment. Meetings for the purpose of organizing rural practitioners were held at Portage la Prairie, Morden, Brandon and Shoal Lake. Two addresses were given in the Woodworth area, in connection with the proposed trial of health insurance. I have recently visited The Pas, where I went to assist the Deputy Minister of Health in setting up the administration of a plan under which the practitioners of that area will be paid for services rendered to indigents in adjacent unorganized territories. I would draw your attention to the importance of this move, since it is the first time that responsibility for services to indigents as distinct from relief cases, has been accepted by our Government.

It only remains to speak of the future. The relief plans as we know them are only a temporary measure, and will be replaced by something more permanent. What that is none of us know, but it will be decided by the will of the people and not by you or me. We must put ourselves in the position that our co-operation and advice will be sought by the representatives of the people. We have learned much by experience, but even yet we are not in a position to give wise counsel in formulating any plan that will be in the interests of every group. In a few years we should be able to assist materially. My only fear at present is that some political group may endeavour to gain prestige by sponsoring a scheme which, through insufficient study of the difficulties, may prejudice a movement which I regard as inevitable and likely to benefit both the community and our own profession.

Dr. E. S. Moorhead, in presenting his report, made the following motion:

Moved by Dr. E. S. Moorhead, seconded by Dr. C. M. Strong: That a vote of thanks be extended to The Hon. Mr. I. B. Griffith, Minister of Health, for the valuable services rendered to the Committee by arranging for the services of Dr. M. R. Elliott for the complement of statistics.

—Carried.

E. S. MOORHEAD,
Chairman, Committee on Sociology.

Report of Extra Mural Committee

Your Extra Mural Committee wishes to report as follows for the 1934-35 season:—

Since the last Annual Meeting six District Society meetings have been visited under the Extra Mural Plan, financed by the College of Physicians and Surgeons of Manitoba.

In October, 1934, Dr. J. D. McQueen and Dr. J. D. McEachern attended a meeting of the Southern Medical Society, held at Carman. In November, 1934, Dr. Charles Hunter and Dr. A. M. Davidson attended a meeting of the Brandon and District Medical Society, held at Brandon. In May, 1935, Dr. F. W. Jackson, Secretary of the Association, and Dr. Harry D. Morse attended the Annual Meeting of the North Western Medical Society, held at Hamiota. In June, 1935, Dr. J. A. Hillsman and Dr. C. E. Corrigan presented papers at a meeting of the North Western Medical Society, held at Shoal Lake. In June, 1935, Dr. M. R. MacCharles and Dr. R. W. Richardson attended a further meeting of the Brandon and District Medical Society, held at Brandon. In August, 1935, Dr. Lennox G. Bell and Dr. C. W. MacCharles attended a meeting of the Southern Medical Society, held at Carman.

At all the meetings visited the attendance was good and a considerable amount of interest was shown in the economic affairs of the profession. The speakers' papers were well received, and we think filled a real need in this connection. We wish to express our appreciation to the speakers who gave their time to attend these meetings; also to express the appreciation of the Association to The College of Physicians and Surgeons for supplying funds for the necessary traveling expenses. We trust they will be able to continue doing so for the coming year, as they have the last two years.

Moved by Dr. J. S. McInnes: That a vote of thanks be extended to The College of Physicians and Surgeons for the grant made by them for extra mural work during the year. —Carried.

All of which is respectfully submitted.

J. S. McINNES,
Convener, Extra Mural Committee.

Report of Legislative Committee

Your Legislative Committee wishes to report as follows for the 1934-35 season:—

During the past year no matters of importance have come before your Committee with the exception of one complaint, which has just come to hand from a physician regarding his account for attending a patient injured in an accident. It would appear that his account was reduced by the lawyer for the patient, to whom the money was paid by the Insurance Company. This question is now before the Committee and we hope to meet shortly with representatives from the Insurance Companies.

Regarding this whole problem it would appear that the Insurance people commonly pay the full indemnity to the patient's lawyer who, in turn, is supposed to pay the attending physician. In some cases it would appear the lawyer has taken the responsibility of reducing the physician's account with or without consent of the patient. This is one of the points from which we had hoped to escape by a previous understanding with the Western Canada Insurance Underwriters' Association, and this will be a topic for discussion at a meeting which we hope to have with representatives of this Organization in the near future.

The reorganization of the Committee of Twelve was brought about three months ago, particularly with a view to meeting the unofficial report that new legislation aiming at licensing a group of irregular practitioners was being considered.

For the information of those who do not recall the

personnel and representation of this particular Committee of Twelve, I might mention that it consists of:

Manitoba Medical Association	3
College of Physicians and Surgeons	3
Faculty of Medicine, University of Manitoba	3
Winnipeg Medical Society	3

At the re-organization meeting the Chairman of your Legislative Committee was named Chairman of the Committee of Twelve.

All of which is respectfully submitted.

G. S. FAHRNI,
Chairman, Legislative Committee.

Report of Editorial Board of Canadian Medical Association Journal

Your Committee begs to report as follows:—

Throughout the year an endeavour has been made to report monthly items of medical interest from Manitoba in the columns of the Canadian Medical Association JOURNAL. Your Board serves to act as the link between the Manitoba Medical Association on the one hand and the Canadian Medical Association on the other.

Several articles of considerable medical interest written by Manitoba physicians, have appeared in the Canadian Medical Association JOURNAL, notably a preliminary report on "An Attempt to Inhibit the Development of Tar-Carcinoma in Mice," by Dr. J. R. Davidson, which attracted attention throughout the world.

All of which is respectfully submitted.

ROSS MITCHELL,
Chairman, Editorial Board of
Canadian Medical Association Journal.

Report of the Editorial Committee

The Editorial Committee begs to submit the following report:—

The policy with regard to the publication of the Manitoba Medical Association, which was initiated over a year ago and discussed at some length in the last annual report, has been continued and there have been no major changes in policy.

The clinical articles which have been submitted for publication have been of a high standard, and it is trusted they have been found to be of value to the members of the Association. The Editor wishes to record his thanks to those who have submitted articles, and all the staff who have carried on the work connected with the publication.

The financial position of the Review will be given in the Treasurer's report.

All of which is respectfully submitted.

C. W. MacCHARLES,
Editor.

Report of Committee on Historical Medicine and Necrology

Your Committee begs to report as follows:

An article on "The Early Doctors of Manitoba" appeared in the June and July issues of the Canadian Medical Association JOURNAL. This story of Dr. Alexander Rowand, a native westerner, was related in the February issue of the Manitoba Medical Association Review.

An account of "The Development of Public Health in Manitoba," which has some historical interest, appeared in the Canadian Public Health JOURNAL, February, 1935.

The hand of death has been heavy upon the medical profession of Manitoba during the last year. Those whose deaths have to be recorded are: Dr. Stephan Stephansson of The Pas, September 8th, 1934; Dr.

Gerhardt Hiebert, December 25th, 1934, Chief Surgeon of the Winnipeg General Hospital, 1915-1917; Dr. J. A. Hamilton, December 27th, 1934; Dr. Spurgeon Campbell, C.M.G., February 10th, 1935, whose war record was distinguished; Dr. Roderick McDonald of St. Laurent, February 27th, 1935; Dr. Cyril H. Burger, February 27th, 1935; Dr. T. Glen Hamilton, April 7th, 1935, Secretary and later President of the Manitoba Medical Association, 1921-1922, Member of the Executive Committee of the Canadian Medical Association, 1922-1931, M.L.A., noted for his work in psychic research; Dr. E. J. Boardman, May 12th, 1935, Urologist, President of the Manitoba Medical Association, 1928-1929, Chairman of the Auditorium Committee in connection with the meeting of the British Medical Association at Winnipeg, 1930, Honorary Secretary, Joint Committee of the Manitoba Medical Association of the College of Physicians and Surgeons; Dr. F. L. Schaffner of Boissevain, May 22nd, 1935, M.P. for Souris, D.A.Q.M.G. for Military District No. 10, during the war, and a member of the Canadian Senate from 1917 to the time of his death; Dr. J. G. Munroe, June 3rd, 1935, Alderman of Winnipeg from 1911-1916, Chairman of the Public Health Committee; Dr. J. R. Gunne of Dauphin, June 5th, 1935, practiced at Dauphin, Kenora, Winnipeg, and again at Dauphin, President of the Dauphin Agricultural Society, and M.L.A. for Dauphin.

To the relatives and friends of our departed brethren, we extend our sincere sympathies.

All of which is respectfully submitted.

ROSS MITCHELL,

Chairman, Committee on Historical
Medicine and Necrology.

Report of the Radio Committee

Your Committee wishes to report as follows for the 1934-35 season:—

Broadcasts have been given over CKY, the station of the Manitoba Telephone System, the last Wednesday of each month at 4.15 p.m., varying in time from five to fifteen minutes. These broadcasts have been kindly donated to the Association, gratis, by the Manitoba Telephone System, for which we have extended our thanks. This year the actual broadcasting has been done by members of the Association, as it was felt that it would be more of a personal message than if the station announcers read the written talks.

Broadcasts dealing with definite diseases are of doubtful value for radio purposes, so many of the talks dealt with subjects which are erroneously put before the public by advertisers, with the object of counteracting same. Your Committee feels that this should be the main object of radio broadcasting.

All of which is respectfully submitted.

R. W. RICHARDSON,
Convener, Radio Committee.

Report of the Workmen's Compensation Referee Board

The Workmen's Compensation Referee Board beg to report as follows:—

During the year only two matters were referred to us by your Executive: One in reference to a letter from Dr. Wadge, concerning the disposition of accident cases at the C.P.R. Weston Shops; the other in reference to a man who had been refused Compensation by the Compensation Board, and who was dissatisfied with its decision. Both these matters were reported on, to your Executive.

No matters concerning the Medical Profession were brought before us by the Workmen's Compensation Board; this in itself indicates that the Board's relation to the profession was satisfactory.

We would like to draw your attention to the fact that the act dealing with Workmen's Compensation

will probably be revised at the next session of the Legislature, and at the present time there is a Committee of the Legislature, appointed to deal with this revision. We would recommend that your Association appoint a Committee to review the Act with a view to securing any changes that may be desired by the profession. We would further recommend that this Committee keep informed on any changes contemplated in the Act.

All of which is respectfully submitted.

Signed on behalf of the Referee Board,
WM. CHESTNUT.

Report of Scrutineers

The President then called upon the scrutineers for their report, and they advised that the following had been elected officers of the Association for the ensuing year:

President - - -	Dr. F. G. McGuinness
First Vice-Pres. - -	Dr. W. S. Peters
Second Vice-Pres. -	Dr. D. C. Aikenhead
Treasurer - - -	Dr. C. W. Burns
Rural Members at Large - -	Dr. Geo. Clingan
Winnipeg Members at Large - -	Dr. A. S. Kobrinsky
Auditors - - -	{ Dr. Wm. Creighton { Dr. A. M. Goodwin

Presidential Address.

The President, Dr. G. W. Rogers, then spoke, and gave a very excellent address, which was heartily received.

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Toronto

It was moved by Dr. Geo. Clingan, seconded by Dr. G. S. Fahrni: That this address be printed and published in the Review. —Carried.

Place and Date of Next Annual Meeting.

It was moved by Dr. P. H. T. Thorlakson, seconded by Dr. J. S. McInnes: That the place and date of the next Annual Meeting be left for the incoming Executive to decide. —Carried.

There being no further business to come before the meeting, it was moved and seconded that the meeting adjourn. —Carried.

MANITOBA SANATORIUM

Travelling Tuberculosis Clinics, October, 1935

Morris—Tuesday, October 8th.

Vita—Wednesday afternoon, October 9th, Thursday, 10th.

Gretna—Friday, October 11th, Saturday, Oct. 12th.

Brandon—Thursday, October, 18th, Friday, 19th.

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Department of Health and Public Welfare

NEWS ITEMS

ALLERGY IN CHILDREN: Its Treatment and Prevention —Robert Chabot, M.D.

The following is a copy of the second half of a report on "Allergy in Children, Its Treatment and Prevention," written by Doctor Chabot, the first half of which was included in the "News Items" of the previous issue of this publication.

ECZEMA

In the early years, up to about four, most of the causative factors are the foods: cereals, milk, and eggs. It is in these years that the eczemas of the allergic type make their appearance. Skin testing reveals in many cases a multiplicity of reactions, some of which are not important and others are indicative of a potential sensitivity. About 30 per cent. of our asthmatic children have had or have an accompanying eczema. It is characterized by its predilection for the flexural surfaces of the arms and legs. The lesions may be circumscribed or disseminated; later with rubbing and scratching a great deal of lichenification occurs. These children frequently have a dry skin which becomes infected with pyogenic organisms so that we have an implanted infectious element entering the case. The superficial glands in the axilla and groin frequently show the effects of these superficial infections and it is not unusual to see chains of enlarged glands. In some cases we have the complicating factor of fungoid infections of the skin. Therefore a case that may start as a simple food case, may soon have several complicating factors that must be considered in therapy.

These children are great problems and frequently only by the use of the trial and error method can the importance of the tests be evaluated. A careful study will often reveal factors of great importance in the child's future asthma, and from this point of view alone, a good deal of preventive medicine can be practiced. It is unquestionably true that we see reactions, in these cases of eczema, some of which have accompanying anti-bodies in the blood stream, to which no real diagnostic importance can be ascribed. These children with eczema are born sensitive, being sensitized either in utero or through the mother's milk. Many of these children are sensitive to cow's milk and a substitute may be used. A great many will thrive on goat's milk which today is our best substitute. There are cases where the child's eczema has nothing to do with his diet, but is purely the result of contact either with wool or silk or some other excitant in his environment.

We can do little to prevent the development of food idiosyncrasy, but we can prevent the infectious factors and the contacts to no small degree. The first sign of irritation on contact with wool should be the warning as to what is ahead. The same is true with foods as the child grows older. It is the opinion among all, that children with an allergic background should not be forced to eat foods not to their taste.

Urticaria and Intestinal Allergy

In the cases of urticaria and intestinal allergy, we are dealing with a difficult group of cases. In children, a great many cases of cyclic vomiting are evidences of a gastrointestinal allergy. Therapy here again is dependent on accuracy of diagnosis. Skin tests in the vast majority of these cases are negative and we are forced to attempt elimination diets to reach the cause. Milk, eggs, meats, fish, and chocolate, are the most frequent causes of trouble in this type of case. The mechanism in many of these cases is of the delayed type; that is to say, a greater interval of time elapses between the ingestion of the food and the production of symptoms than is the case with positive reactions. The mechanism of the production

of this condition is not definitely understood. The most brilliant results are obtained in those cases giving positive skin reactions. We have, unfortunately, no method by which we can decide beforehand whether or not the patient with urticaria or gastrointestinal symptoms will give positive reactions or not. In these cases we occasionally see those in whom physical agents are important factors. The therapy can only be directed to increase the patient's tolerance. In those cases with definite food idiosyncrasy, abstinence is the only satisfactory method we have.

The last group of importance that I should like to review from the standpoint of prevention of therapy of asthma, is the group of cases sensitive to the pollens. These cases give a definite seasonal history of the incidence of attacks and are divided into the spring, summer and fall types. The determination of the specific pollen sensitivity is extremely important, for our best therapeutic results are in those cases of pollen asthma, and proper therapy prevents symptoms from appearing at other times. The story one so frequently hears is one of erroneous diagnosis. The pollen factor has been ignored, the asthmatic attacks persist after the pollen has disappeared and then other complicating factors appear and the patient has a full-blown asthma that might well have been prevented. A great deal has been written about the use of air conditioners and filters. They have a limited application and are of use while the patient is confined to that particular room. Changing his environment with subsequent contact with pollen soon brings a return of symptoms.

SUMMARY

In the treatment and prevention of allergy in children it is important:

- 1—To prevent the incidence of upper respiratory infections as far as possible, by doing tonsillectomy before the sinuses are infected.
- 2—To keep offending substances, both inhalent and foods, away from those potentially sensitive.
- 3—To immunize against diphtheria and scarlet fever without having recourse to antitoxin containing horse serum.
- 4—To remove from the diet of a child with eczema the offending foods and to remove inhalent and contactant substances that might, in the future, give it asthma.
- 5—To treat vigorously all cases of pollen sensitivity to prevent pollen asthma from developing.

RADIO TALKS

The sixth radio programme of the Department of Health and Public Welfare will be introduced by the Minister of Health and Public Welfare on October 15th, at 1.20 p.m., and will continue each Tuesday and Thursday until the end of May, 1936.

The programme has been planned in the form of two series,—the first to deal with questions of social service, and the second with every day problems in health and disease.

A new feature this year will be the news items by the health reporter at the conclusion of each talk. In addition, there will be a radio essay contest for secondary school students in grades IX - X - XI, in which the writer of the best essay will be awarded the opportunity to broadcast it in April, 1936.

The subject of each talk has been arranged as follows:—

(Sixth Series Broadcast over Station CKY)
TUESDAYS and THURSDAYS — 1.20 to 1.30 p.m.

"ABOUT OURSELVES"

October - 1935	No.
15—Introduction by the Minister of Health and Public Welfare	1
Our Neighbor in Need	
17—The Art of Helping Others	2
22—Social Needs in a Changing World	3
24—Mental Health and Social Needs	4
29—Effects of Unemployment on Family Life	5
31—The Child in the Maladjusted Family	6
November - 1935	
5—The Child in the Maladjusted Family	7
7—The School and Community Well Being	8
12—The School and Community Well Being	9
14—Recreation and Community Well Being	10
19—Organized Religion and Community Well Being	11
21—Organizing the Community for the Welfare of the Family	12
26—Organizing the Community for the Welfare of the Family	13
28—Social Service, A Preventive Health Measure	14
December - 1935	
3—Legal Aspects of the Child Welfare Act	15
5—Legal Aspects of the Child Welfare Act	16
10—Allowances for Bereaved and Dependent Children	17
12—Administration of Allowances in Manitoba	18
17—Helping the Needy Child	19
19—Helping the Needy Child	20
24—A Family For Every Child	21
31—A New Year's Message	22
January - 1936	
Every Day Problems in Health and Disease	
2—Some Facts You Should Know About Your Public Health Act	23
7—The Health Officer as a Detective	24
9—The Whys and Wherefores of Isolation and Quarantine	25
14—The Whys and Wherefores of Isolation and Quarantine	26
16—Smallpox and Vaccination	27
21—More About Communicable Diseases	28
23—Pneumonia — A Winter Enemy	29
28—Present Helps For Cancer	30
30—The Heart and How To Take Care of It	31
February - 1936	
4—More About Health Insurance	32
6—More About Health Insurance	33
11—Our Mental Health	34
13—Our Mental Health	35
18—Our Mental Health	36
20—Our Mental Health	37
25—About Safe and Pure Food	38
27—About Safe and Pure Food	39
March - 1936	
3—About Safe and Pure Food	40
5—Our Schools and Sanitation	41
10—Environment and Health	42
12—Environment and Health	43
17—A Modern Rediscovery	44
19—Invisible Guardians of Health	45
24—The Births of a Nation	46
26—Highlights in Marriage and Death Registrations	47
31—Controlling Tuberculosis	48
April - 1936	
2—April Fools of Health	49
7—Controlling Tuberculosis	50
9—Controlling Tuberculosis	51
14—Teachers and Health	52
16—Prize Essay of Secondary School Student	53
21—Our Blind	54
23—Our Blind	55

28—Our Deaf	56
30—Our Deaf	57
May - 1936	
5—Health, Home and Safety	58
7—Health, Home and Safety	59
12—Frontier Mothers	60
14—Child Care of Today	61
19—Child Care of Today	62
21—The Summer Round-Up	63
26—Vacation Plans for the Family	64
28—A Summer Health Message	65

COMMUNICABLE DISEASES REPORTED**Urban and Rural : August, 1935.**

Occurring in the Municipalities of:

Whooping Cough: Total 75—Winnipeg 33, Flin Flon, 12, Brandon 11, Louise 5, Grandview Rural 3, Boulton 1, Ethelbert 1, Lac du Bonnet 1, Morton 1, St. Boniface 1, St. Vital 1, Tache 1, Unorganized 1, Woodlands 1. (Late Reported, July: Flin Flon 2).

Mumps: Total 64 — Winnipeg 36, Ethelbert 8, St. Boniface 6, Kildonan E. 5, Minto 2, Woodlands 2, Emerson 1, Kildonan W. 1, St. Paul W. 1, Louise 1, Strathcona 1.

Measles: Total 48—Rosser 5, Unorganized 2, Winnipeg 1, Winnipeg Beach 1, Norfolk N. 1, Flin Flon 1, Fort Garry 1, Brandon 1. (Late Reported, July: Woodworth 35).

Tuberculosis: Total 45—Winnipeg 7, Unorganized 5, St. Boniface 3, Shoal Lake Rural 3, Eriksdale 2, Neepawa 2, Minnedosa 2, Coldwell 2, Brandon 1, Brokenhead 1, Carman 1, Cartier 1, Cypress S. 1, Dauphin Rural 1, Gilbert Plains Rural 1, Gimli Rural 1, Grey 1, Hartney 1, Lorne 1, St. Paul West 1, Wallace 1, Russell Rural 1, Selkirk 1, Siglunes 1, Stanley 1, St. Andrews 1, Rhineland 1.

Scarlet Fever: Total 44—Winnipeg 18, Flin Flon 8, The Pas 6, Unorganized 6, Minitonas 2, Portage Rural 1, St. Boniface 1, St. James 1, Wesbourne 1.

Chickenpox: Total 34—Winnipeg 16, St. Boniface 11, Brandon 2, Flin Flon 2, Portage City 1, St. Vital 1, Strathcona 1.

Diphtheria: Total 23—Winnipeg 9, Cypress S. 4, Morris Rural 2, Rhineland 2, Unorganized 2, Winnipeg Beach 2, St. Boniface 1, Stonewall 1.

Typhoid Fever: Total 9—De Salaberry 2, Unorganized 2, St. Vital 1, St. Boniface 1, St. Andrews 1, Hanover 1, Carman 1.

Erysipelas: Total 6—Winnipeg 1, Unorganized 1, St. Vital 1, Roblin Town 1, Louise 1, Brandon 1.

Puerperal Fever: Total 6 — Cartier 2, Cameron 1, Brandon 1, Lorne 1, Unorganized 1.

Anterior Poliomyelitis: Total 3 — Mossey River 2, Turtle Mountain 1.

Diphtheria Carriers: Total 3—Winnipeg 3.

Influenza: Total 1—(Late Reported, May: Grandview Rural).

Septic Sore Throat: Total 1—Macdonald 1.

Venereal Diseases: Total 136—Gonorrhoea 101, Syphilis 35.

**DEATHS FROM ALL CAUSES IN MANITOBA
for the Month of July, 1935.**

URBAN—Cancer 36, Tuberculosis 10, Pneumonia 7, Cerebro Spinal Meningitis 1, Influenza 1, Measles 1, Puerperal 1, Whooping Cough 1, Syphilis 1, all others under one year 7, all other causes 136, Stillbirths 9. Total 211

RURAL—Cancer 17, Tuberculosis 14, Pneumonia 12, Whooping Cough 3, Puerperal 3, Diphtheria 2, Syphilis 2, Influenza 1, Poliomyelitis Anterior 1, Measles 1, Scarlet Fever 1, all others under one year 10, all other causes 168, Stillbirths 12. Total	247
INDIANS—Tuberculosis 15, Pneumonia 5, Influenza 1, Measles 1, Whooping Cough 1, all other causes 5. Total	28

Medical Library University of Manitoba

A summary of the contents of some of the journals available for practitioners, submitted by the Faculty of Medicine, of the University of Manitoba. Compiled by T. E. HOLLAND, B.Sc., M.D. (Man.), F.R.C.S. (Edin.).

"Canadian Medical Association Journal" —September, 1935.

"The Diagnosis of Hepatic Disorders"—by Duncan Graham, M.B. (Tor.).

—Chairman's Address. Section on Practice of Medicine. Atlantic City Meeting, June, 1935.

"The Urea Clearance Test compared with other Renal Function Tests in Urology"—by R. W. I. Urquhart and James L. McCollum, Toronto. From the Department of Surgery, University of Toronto.

"On the Frequency and Age Incidence of Duodenal Diverticula"—by J. C. Boileau Grant, M.C., F.R.C.S. (Edin.). Department of Anatomy, University of Toronto.

"Icterus Neonatorum"—by Norman Book, M.D. Department of Pediatrics, St. Boniface Hospital, Winnipeg.

—Investigation has shown a definite decrease in the incidence of this condition after adopting the procedure of tying the umbilical cord immediately after birth.

"Lymphogranuloma Inguinale" (with a report of three cases)—by J. A. Bourgouin, B.A., M.D., Winnipeg.

"The Clinical Use of Staphylococccic Toxoid"—by Joseph A. Gilchrist, B.A., M.B., and Mary J. Wilson, Toronto.

—A further report on investigations made with Staphylococccic Toxoid. A number of other valuable articles are included in this issue.

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"The Practitioner"—August, 1935

This number contains a symposium on Tropical Diseases. The following articles are also included:

"Anaemia in Infancy and Childhood"—by Helen M. M. McKay, M.D., F.R.C.P., London.

"Vomiting in Infancy and Childhood"—by K. H. Tallerman, M.C., M.D., M.R.C.P., London.

"Hydatid Cyst of the Lung" — Case Report of Spontaneous Rupture and Recovery — by William Lee, M.B., Manchester.

"Habitual Constipation, Especially in Old Age"—by F. Parkes Weber, M.D., F.R.C.P., London.

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"Displacements of the Uterus"—Some Facts and
Fallacies—by John H. Hannan, M.D., London.

~ ~

"The Journal of the American Medical Association"
—September 14th, 1935.

"Chronic Subdural Haematoma"—by Francis C.
Grant, M.D., Philadelphia.

—An excellent review of this subject by the author and
a discussion by a number of Neurological Surgeons.

~ ~

"The Clinical Journal"—August, 1935.

"Dyspepsia"—by J. J. Conybeare, M.D., F.R.C.P.
Ass't. Phys. Guy's Hospital.

"Coli Infections of the Urinary Tract"—by T. E.
Hammond, F.R.C.S., Surgeon, The Royal In-
firmery, Cardiff.

"Pleural Effusions and Associated Lung Lesions"
—by Reginald Ellis, M.D., M.R.C.P., Hon.
Phys., Ancoats Hospital, Manchester.

"Acute Intussusception in Infants"—by Frank
Forty, M.B., B.S., F.R.C.S. (Eng.).

"Obstetric Difficulties in General Practice"—by
S. Gordon Luker, M.D., F.R.C.S., F.C.O.G.

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"The Practitioner"—September, 1935.

This number contains a symposium on Problems
of Adolescence in which are the following articles:

"The Sexual Problems of Adolescence"—by Wil-
liam Brown, F.R.C.P., Oxford.

"Problems of Menstruation"—by Gwendolen
Brown, M.A., M.R.C.S., Cheltenham.

"Exercise and Heart Strain"—by G. E. Friend,
M.R.C.S., L.R.C.P.

"Albuminuria in Adolescence"—by H. H. Bash-
ford, M.D., M.R.C.P.

"Acute Infectious Diseases at School"—by R. E.
Smith, M.A., M.B., B.Ch., M.R.C.P.

"Some Common Skin Affections of Adolescence"
—by John L. Franklin, M.D., M.R.C.P., Ass't
Physician for Diseases of the Skin, Westmin-
ster Hospital.

"Pulmonary Tuberculosis in Young Adults"—by
F. J. Bentley, M.D., M.R.C.P.

"Postural Deformities in Adolescence"—by
Philip Wiles, M.S., F.R.C.S., Ass't Orthopaedic
Surgeon, Middlesex Hospital.

"Treatment of Acute Cerebral Inflammation in
Children"—by C. Paget Lapage, M.D., F.R.
C.P., Manchester.

~ ~

"The Medical Journal of Australia"
—August 17th, 1935.

"Urinary Tuberculosis"—by Hugh Lett, C.B.E.
F.R.C.S., London Hospital.

"The Diagnosis and Treatment of Urinary Tract
Infections"—by R. J. Silvertown, M.B., Ch.M.
F.R.C.S. (Edin.), Sydney.